CITY OF NEW ORLEANS

CA0-1	EMPLOYEE GRIE	VANCE FORM	
TO:			
FROM:		DEPARTMENT:	
DATE:		DIVISION:	
CAUSE OF GRIEVANCE:			
		일하는 경험 등일이 함께 있는다. 일하는 경우 경험 중인 경기 있다.	
WHAT SHOULD BE DONE	TO REMEDY THIS	MATTER:	
DATE:		(SIGNATURE OF EMP	LOYEE)
	SUPERVISOR TO	EMPLOYEE	
DECISION:			
DATE.		(SIGNATURE OF I	MMEDIATE SUPERVISOR
		•	

APPEAL TO APPOINTING AUTHORITY

I WISH TO APP	EAL MY IMMEI		VIDOR B DECIS	ION ON MY GR	IEVANCE.
DATE:			(SIGNATURE O	F EMPLOYEE)	
	APPOINTING	AUTHORITY T	O EMPLOYEE		
DECISION:					
COMMENTS					
일 보호 중요 경취합인 (12) 교육화 (13) 는 사람들이 20 등 전기 (13) 등 전기					
DATE:					
			(SIGNATURE O	F APPOINTING	AUTHORITY
			ISTRATIVE OFF		
API I WISH TO APPI					EVANCE.
					EVANCE.